

DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

HELMET FIT ELEMENT

and for which a patent application:

- ☒ is attached hereto and includes amendment(s) filed on _____ (if applicable)
☐ was filed in the United States on _____ as Application No. _____ (declaration
not accompanying application) with amendment(s) filed on _____ (if applicable)
☐ was filed as PCT international Application No. _____ on _____ and was amended
under PCT Article 19 on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION			
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.


PROVISIONAL APPLICATION NUMBER	FILING DATE

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information known to me which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

NON-PROVISIONAL APPLICATION NO.	FILING DATE	STATUS		
		PATENTED	PENDING	ABANDONED

* for use only when the application is assigned to a company, partnership or other organization.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	FULL NAME OF INVENTOR	LAST NAME MOELLER	FIRST NAME Thomas	MIDDLE NAME Andrew	
	RESIDENCE & CITIZENSHIP	CITY Stateline	STATE OR FOREIGN COUNTRY Nevada	COUNTRY OF CITIZENSHIP United States of America	
	POST OFFICE ADDRESS	STREET 157 Irwin Drive #B	CITY Stateline	STATE OR COUNTRY Nevada	ZIP CODE 89449-3504
		SIGNATURE OF INVENTOR 201 		DATE 6/17/03	
2 0 2	FULL NAME OF INVENTOR	LAST NAME BJORNSON	FIRST NAME Andrew	MIDDLE NAME Allen	
	RESIDENCE & CITIZENSHIP	CITY Newport Beach	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP United States of America	
	POST OFFICE ADDRESS	STREET 402 Vista Roma	CITY Newport Beach	STATE OR COUNTRY California	ZIP CODE 92660
		SIGNATURE OF INVENTOR 202		DATE	

WINSTON & STRAWN DOCKET NO.: 87728-4000

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	RESIDENCE & CITIZENSHIP	CITY Stateline	STATE OR FOREIGN COUNTRY Nevada	COUNTRY OF CITIZENSHIP United States of America
	POST OFFICE ADDRESS	STREET 157 Irwin Drive #B	CITY Stateline	STATE OR COUNTRY Nevada ZIP CODE 89449-3504
		SIGNATURE OF INVENTOR 201		DATE
2 0 2	FULL NAME OF INVENTOR	LAST NAME BJORNSON	FIRST NAME Andrew	MIDDLE NAME Allen
	RESIDENCE & CITIZENSHIP	CITY Newport Beach	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP United States of America
	POST OFFICE ADDRESS	STREET 402 Vista Roma	CITY Newport Beach	STATE OR COUNTRY California ZIP CODE 92660
		SIGNATURE OF INVENTOR 202 <i>Andrew Allen Bjornson</i>		DATE <i>6/18/03</i>

NY:766911.1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Moeller et al.

Application No.:

Group Art Unit:

Filing Date:

Examiner:

For: HELMET FIT ELEMENT

Attorney Docket No.: 87728-4000

**POWER OF ATTORNEY BY ASSIGNEE
AND EXCLUSION OF INVENTOR(S) UNDER 37 C.F.R. 3.71**Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

The undersigned assignee of the entire interest in the above-identified subject application hereby appoints Stephan J. Filipek (Reg. No. 33,384), and Allan A. Fanucci (Reg. No. 30,256) of WINSTON & STRAWN (Customer No. 28765) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith.

Please direct all correspondence for this application to Customer No. 28765 to the attention of Stephan J. Filipek (telephone 212-294-2649, facsimile 212-294-4700).

An assignment of the entire interest in the above-identified subject application is submitted herewith for recording and a copy is attached. The undersigned has reviewed this assignment and, to the best of her knowledge, title is in the assignee seeking to take action in this application and that she is empowered to act on its behalf.

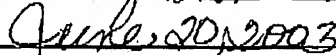
ASSIGNEE:

VANS, INC.

Signature:



Date of Signature:



Typed Name:

Carol G. Vinnacombe

Position/Title:

Director, Intellectual Properties

Address:

15700 Shoemaker Avenue

Santa Fe Springs, California 90670-5515